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or <u>Fax</u> (703) 746-4000



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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

09/29/2004

KIA SILVERBROOK SILVERBROOK RESEARCH PTY LTD 393 DARLING STREET BALMAIN NSW, 2041 AUSTRALIA

10/15/2004 FMETEKI2 00000064 09437007

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1370.00 OP



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te maioatea belevi.	transmitted to the OSI 10 (703) 740-4000; On the date
(Depositor's nan	
(Signatu	
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/437,007	11/09/1999	KIA SILVERBROOK	AP08-US	7399

TITLE OF INVENTION: VIDEO GAME CONSOLE WITH INTEGRAL PRINTER DEVICE

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address form PTO/SB/122 attached. The Address indication (or "Fee Address" Indication form PTO/SB/147; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpaym Deposit Account Number The Director is hereby authorized by charge the required fee(s), or credit any overpaym Deposit Account Number The Director is hereby authorized by charge the required fee(s), or credit any overpaym Deposit Account Number The Director is hereby authorized by charge the required fee(s), or credit any overpaym Deposit Account Number The Director is hereby authorized by charge the required fee(s), or credit any overpaym Deposit Account Number The Director is hereby authorized by charge the required fee(s), or credit any overpaym Deposit Account Number The Director is hereby authorized by charge the required fee(s), or credit any overpaym Deposit Account Number The Director is hereby authorized by charge the required fee(s), or credit any overpaym Deposit Account Number	APPLN, TYPE	SMALL ENTITY	ISSUE FEE	T	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required. The sequence of a single firm (having as a member a registered attorney or agents) and the names of up to 2 gester attorney or agents. If no name is listed, no name will be printed. Address indication (or "Fee Address" Indication form PTO/SB/147, Rev 03-02 or more recent) attached. Use of a Customer Number is required. Address indication (or "Fee Address" Indication form PTO/SB/147, Rev 03-02 or more recent) attached. Use of a Customer Number is required. Address indication (or "Fee Address" Indication form PTO/SB/147, Rev 03-02 or more recent) attached. Use of a Customer Number is required. Address indication (or "Fee Address" Indication form PTO/SB/147, Rev 03-02 or more recent) attached. Use of a Customer Number is required. Address indication of "Fee Address" Indication form PTO/SB/147, Rev 03-02 or more recent) attached. Use of a Customer Number is required. Address in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card	nonprovisional	NO	\$1320,3370		\$0		12/29/2004
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CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been firecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Silverbocolc Research (B) RESIDENCE: (CITY and STATE OR COUNTRY) Balwain, NSW, AUStralia 4b. Payment of Fee(s): Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpaym peposit Account Number (enclose an extra copy of this form).	SAGER, M	IARK ALAN	3714		463-030000		
Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpaym Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above)	CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i	dence address (or Change of 22) attached. ation (or "Fee Address" Indiction (or more recent) attached. Use DRESIDENCE DATA TO Be an assignee is identified ben 37 CFR 3.11. Completion IEE	Correspondence ation form e of a Customer E PRINTED ON THE Pallow, no assignee data wof this form is NOT a sub	the namagents Of the name instered a segistered and the control of	nes of up to 3 registered pater R, alternatively, e of a single firm (having as a ttorney or agent) and the name patent attorneys or agents. If ame will be printed. (print or type) ar on the patent. If an assign or filing an assignment. E: (CITY and STATE OR COL	a member a 2es of up to no name is 3ee is identified below, the duntary)	locument has been filed for
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The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other provided in the contraction of the USPTO is required above.	a. Applicant claims S	SMALL ENTITY status. See	37 CFR 1.27. 🚨 b.	:-			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	1,370.00	

Complete if Known						
Application Number	09/437,007					
Filing Date	November 9, 1999					
First Named Inventor	Kia Silverbrook					
Examiner Name	Mark Alan Sager					
Art Unit	3714					
Attornov Docket No.	APOSUS					

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	3. ADDITIONAL FEES					
Deposit Account:	Large Entity Small Entity					
Deposit	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account Number	1051	130	2051		Surcharge - late filing fee or oath	T GO F AIG
Deposit Account	1052	50	2052	25	Surcharge - late provisional filing fee or	
Name	1053	130	1053	130	cover sheet Non-English specification	
The Director is authorized to: (check all that apply)		2.520	1812		For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804		Requesting publication of SIR prior to	
Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee					Examiner action	
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	430	2252	215	Extension for reply within second month	
Large Entity Small Entity	1253	980	2253	490	Extension for reply within third month	
Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254	1,530	2254	765	Extension for reply within fourth month	
1001 790 2001 395 Utility filing fee	1255	2,080	2255	1,040	Extension for reply within fifth month	
1002 350 2002 175 Design filing fee	1401	340	2401	170	Notice of Appeal	
1003 550 2003 275 Plant filing fee	1402	340	2402	170	Filing a brief in support of an appeal	
1004 790 2004 395 Reissue filing fee	1403	00	2403	150	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	-	1451		Petition to institute a public use proceeding	
SUBTOTAL (1) (\$)	1452	110	2452	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453	-	2453		Petition to revive - unintentional	4 070 00
Fee from	1501		2501		Utility issue fee (or reissue)	1,370.00
Extra Claims below Fee Paid Total Claims X = X	1502	4 0	2502		Design issue fee	
Independent - 3** = X =	1503 1460	6 0 130	2503 1460		Plant issue fee Petitions to the Commissioner	
Multiple Dependent	1807	50	1807		Processing fee under 37 CFR 1.17(g)	
Large Entity Small Entity	1806	180	1806		Submission of Information Disclosure Stmt	
Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)					Recording each patent assignment per	
1202 18 2202 9 Claims in excess of 20	8021	40	8021		property (times number of properties)	
1201 88 2201 44 Independent claims in excess of 3	1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810	395	For each additional invention to be	
1204 88 2204 44 ** Reissue independent claims over original patent	1801	790	2801	395	examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for expedited examination	
and over original patent	Other	faa (s=	anif ()		of a design application	
SUBTOTAL (2) (\$) Other fee (specify)						
**or number previously paid, if greater; For Reissues, see above	1,600	ocu by	Dasic F	ining Ft	ee Paid SUBTOTAL (3) (\$) 1,370	0.00

SUBMITTED BY			 	(Complete	(if applicable))
Name (Print/Type)	Kia Silverbrook	4.0	Registration No. (Attorney/Agent)	 Telephone	612 98186633
Signature		سسر	•	 Date	October 11, 2004

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